30.946

Date

Registration No. (Attorney/Agent)

Name (Print/Type)

Signature

Norman D. Hanson

 \boxtimes

1201-8L

	Complete if Known	
	Application Number	To be assigned
FEE TRANSMITTAL	Filing Date	Herewith
	First Named Inventor	SIEDEL, et al.
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	HUBR-1067.3

FEE CALCULATION

(1)	(2)	(3)	(4)	(5)
FOR: Large entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	10-20 =	0	x 18/9.00	\$ 0.00
INDEPENDENT CLAIMS	1 -3 =	0	x 78/39.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$260/130.00	
			TOTAL FEES	\$710.00

METHOD OF PAYMENT

Please charge Deposit Account No. 50-0624 in the amount of \$	

A check for \$710.00 is enclosed to cover the cost of the Application filing fee.

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		Complete (if applicable)
Typed or Printed Namer Norman D. Hanson		Reg. No. 30,946
Signature Mulium	Date: 6/28/07	Deposit Account No. 50-0624

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